

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90002 020 \*\*\*\*61.25

**DOCUMENT # N38592**

1. Entity Name

**DELRAY VILLAS "WE CARE", INCORPORATED**

*R*

Principal Place of Business

Mailing Address

C/O GRACE F. ROSS  
 6393 LA SALLE DRIVE  
 DELRAY BEACH FL 33484

C/O GRACE F. ROSS  
 6393 LA SALLE DRIVE  
 DELRAY BEACH FL 33484

00082431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6393 LA SALLE RD.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**P.H.**

Suite, Apt. #, etc.

City & State

**DELRAY BEACH**

City & State

**SAME**

4. FEI Number

**65-0205500**

Applied For

Not Applicable

Zip

**33484**

Country

**PALM-USA**

Zip

**33484**

Country

**PALM-USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, GRACE F.  
 6393 LA SALLE DRIVE  
 DELRAY BEACH FL 33484

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME KAPLAN, WILLIAM  
 STREET ADDRESS 6108 OVERLAND PLACE  
 CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
 NAME ROSS, GRACE F.  
 STREET ADDRESS 6393 LA SALLE DR.  
 CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
 NAME SPITZER, GEORGE L  
 STREET ADDRESS 6028 DUSENBURG RD  
 CITY-ST-ZIP DELRAY BEACH FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
 NAME SILVERMAN, ANITA  
 STREET ADDRESS 6098 LA SALLE RD  
 CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
 NAME KAY, EDWARD L.  
 STREET ADDRESS 13532 WHIPPET WAY W.  
 CITY-ST-ZIP DELRAY BEACH FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

*8/28/00*

*495 1387*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)